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APPLICANTS  
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\*\* CONTINUING DATA \*\*\*\*\*  
*JML* This application is a CON of 09/865,817 05/25/2001 PAT 6,595,396

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*JML*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 10/21/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance <i>John M. Leamon</i> Examiner's Signature <i>JML</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
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TITLE  
 Apparatus for carrying an infant

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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